FORM D

PROCESSED

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

APR 2 2 2013 THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	264		
OMB	APPR(JAVC	
OMB Num		3235-	
Expires: Estimated	April	30,20	08
Estimated	averag	e burde	n
hours per r	espons	se1	6.00

SEC USE ONLY						
Prefix		Serial				
İ						
DA [*]	TE RECEIV	ED				

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Storming the Dome, LLC Class A Units	CEU
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ ULOE Mail Processing Section
A. BASIC IDENTIFICATION DATA	422 1 4 7002
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Washington, DC
Storming the Dome, LLC	101
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
230 S. Phillips Ave., Suite 202, Sioux Falls, SD 57104	(605)339-9400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
10//	N/A
Brief Description of Business	
Purchase, own and lease commercial real estate property	
business trust limited partnership, to be formed Limited Liabi	lease specify) lity Company 08046708
Month Year Actual or Estimated Date of Incorporation or Organization: 09 07 Actual Estim Burisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for States CN for Canada; FN for other foreign jurisdiction)	nated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

States

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			•		
, <u> </u>		A. BASIC I	DENTIFICATION DATA		
2. Enter the information re	equested for the fol	llowing:			
 Each promoter of t 	the issuer, if the is:	suer has been organized	within the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, or	direct the vote or disposition	of, 10% or more of a	class of equity securities of the issuer.
 Each executive off 	icer and director o	f corporate issuers and	of corporate general and mai	naging partners of par	rtnership issuers; and
• Each general and a	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 🔽 Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Donald A. Dunham, Jr.	findividual)			···	
Business or Residence Addre 230 S. Phillips Ave., Suit		Street, City, State, Zip lls, SD 57104-6321	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r 📝 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Kent Vucurevich	if individual)		<u>.</u>		
Business or Residence Addre	-	*	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	F Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	· Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Address	ess (Number and	Street, City, State, Zip	Code)	·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip	Code)	~	
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Officer	Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Г					B. I?	VFORMATI	ON ABOU	T OFFERI	NG				
1.	Has the	issuer sold	l, or does th	e issuer in	ntend to se	ll, to non-a	ccredited in	nvestors in	this offeri	ing?		Yes	No I €
				Ans	wer also in	Appendix,	Column 2	, if filing (ander ULC	E.			
2.	What is the minimum investment that will be accepted from any individual?								***************************************	\$_ 50 ,	00.00		
3.	Does th	e offering i	permit joint	ownershi	p of a sing	le unit?						Yes ₽	No
4.			ion request		-							_	
	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remuner ted is an ass ime of the b you may so	ration for s ociated pe roker or de	solicitation rson or age caler. If mo	of purchase int of a brok ire than five	ers in conne er or dealer e (5) person	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state	•	
			first, if indi er remuner	-	ho paid in	connection	with the c	ales of se	curities		•		
			Address (N					iales of se					
Dus	111033 01	Residence	71001035 (11	umber am	a Gireei, Ci	ij, oidie, z	iip code,						
Nan	ne of Ass	sociated Br	oker or Dea	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	indiviđual	States)							☐ AI	States
	AL	AK	[AZ]	AR	CA	[CO]	[CT]	DE	DC	FL	GA	HI	<u>ID</u>
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	[WI]	ŴY	PR
Full	l Name (Last name	first, if indi	vidual)						···			
Bus	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)	: -	· · · · · ·				
Nar	ne of As	sociated Br	oker or Dea	aler	- W. W.								
Stat	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers						
	(Check	"All States	" or check	individual	States)								
					,	***************************************	***************************************	***************	•••••••••	****************	******************	☐ Al	States
	AL	AK	AZ	AR	CA	[CO]	СT	DE	DC	FL	GA]	☐ Al	States
	IL	[IN]	AZ IA	AR KS	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	IL MT	[NE]	AZ TA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
<u></u>	IL MT RI	[NE] [SC]	IA NV SD	AR KS NH TN	CA KY	CO	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
Full	IL MT RI	[NE] [SC]	AZ TA NV	AR KS NH TN	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
	IL MT RI Name (IN NE SC	IA NV SD	AR KS NH TN vidual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Bus	IL MT RI I Name (IN NE SC Last name Residence	AZ IA NV SD first, if indi	AR KS NH TN vidual)	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Bus Nar	IL MT RI I Name (siness or	IN NE SC Last name Residence	AZ NV SD first, if indi	AR KS NH TN vidual)	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND	FL MI OH	GA MN OK	HI MS OR	MO PA
Bus Nar	IL MT RI I Name (IN NE SC Last name Residence	AZ NV SD first, if indi Address (N	AR KS NH TN vidual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA
Bus Nar	IL MT RI I Name (IN NE SC Last name Residence	AZ IA NV SD first, if indi Address (Notes or Decorporate Listed Has	AR KS NH TN vidual) Number an	CA KY NJ TX d Street, C	CO LA NM UT	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Bus Nar	IL MT RI I Name (siness or me of Assets in What (Check	IN NE SC Last name Residence sociated Br nich Person "All States	AZ IA NV SD first, if indi Address (Noter or Decorption of Listed Hases) a Listed Hases or check	AR KS NH TN vidual) Number an	CA KY NJ TX d Street, C	CO LA NM UT ity, State, 2	CT ME NY VT Zip Code)	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	••	_	
	Debt		\$ \$ 675,000.00
	Equity		\$_010,000.00
	☑ Common ☐ Preferred		•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)		
	Total	073,000.00	s 675,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	·	\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	<u> </u>	\$
	Total		\$ 0.00

_					
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C – proceeds to the issuer."	 Question 4.a. This diffe 	rence is the "adjusted gross	;	\$ 675,000.00
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not knowl of the payments listed mu	n, furnish an estimate and st equal the adjusted gross		
			•	Payments to	•
				Officers,	.
				Directors, & Affiliates	Payments to Others
	Salaries and fees				
	Purchase of real estate			_	_
				[3] 3 <u>0,0,000.00</u>	□ •———
	Purchase, rental or leasing and installation of m and equipment			□ s	□ \$
	Construction or leasing of plant buildings and for			_	
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	alue of securities involve sets or securities of anot	ed in this her	_	
	Repayment of indebtedness				
	Working capital				_
				-	
	Other (specify):			□•	□ 3
					s
	Column Totals			\$ 675,000.00	\$0.00
	Total Payments Listed (column totals added)			□ \$ <u>_</u> 67	5,000.00
Г		D. FEDERAL SIG	NATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	urnish to the U.S. Securit	ies and Exchange Commi	ssion, upon writter	
lss	uer (Print or Type)	Signature	111	Date	
St	orming the Dome, LLC	De Mille	u 1	March 11, 2007	
Na	me of Signer (Print or Type)	Title of Signer (Print	or Type)		
1 14					

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	E. STATE SIGNATURE	·		
1	Is any party described in 17 CFR 230,262 presently subject to any of the disqualification	Yes	No	
1.	provisions of such rule?		K	

See Appendix, Column 5, for state response.

STATE SIGNATION

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Storming the Dome, LLC	FIN /MUN	March 11, 2007
Name (Print or Type)	Title (Print of Type)	
Kent Vucurevich	Chairman	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		• •		7					
1		to sell	3 Type of security and aggregate		4			5 Disqualification under State ULOE (if yes, attach	
		ccredited	offering price		Type of	investor and			ation of
	investors		offered in state		amount pu	rchased in State		waiver	granted)
		-Item 1)	(Part C-Item 1)		(Part	C-Item 2)		(Part E-	Item 1)
				Number of		Number of			
				Accredited		Non-Accredited		i	
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL							·		
AK									
AZ									
AR									
CA	· · · · ·							<u></u>	
СО									
СТ	 	<u> </u>							
DE									
DC		<u> </u>							<u> </u>
FL									1
GA		<u></u>							
HI	<u> </u>	<u> </u>							<u> </u>
ID	<u> </u>	J							
IL								 	
IN								 r=====	
IA	<u> </u>								
KS									
KY									
LA									<u> </u>
ME MD									<u> </u>
MA									
MI	[]							
MN									<u> </u>
-	<u> </u>								
MS									

APPENDIX

				APP	ENDIX		-		
1	to non-ac	to sell	Type of security and aggregate offering price offered in state (Part C-Item 1)	·	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ			-						
NE									
NV	_ ~ .								
NH									
NJ									,
NM									
NY		j							
NC				_					
ND									
ОН									
ок									
OR									<u> </u>
PA			•						
RI									
SC	t:								
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									

			•	APP	ENDIX					
1	1 2 3 4						··	5 Disqualification		
	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

END